		/	
1	HO. OF COPIES RECEIVED	١ /	
!	DISTRIBUTION	NEW MEXICO OIL CO	SELECT COLOR
	SANTA FE	REQUEST	
	FILE		AND
	U.\$.G.\$.	AUTHORIZATION TO TRA	NSPORT
	LAND OFFICE	-	
	TRANSPORTER OIL		
	GAS CPERATOR		
1.	PROBATION OFFICE	4	
•	Operator		
	Texaco Inc	., Operator for Texa	co Pro
	4601 DTC B	lvd, Denver, CO 8023	37
	Reason . For filing (Check proper box		
	New Wr	Change in Transporter of:  Oil Dry Ga	
	Change in Ownership	Casinghead Gus Conden	7
		T.J.J	
	If change of ownership give name and address of previous owner		
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Fool Nume, Including Fo	ormation
	Jicarilla B	10 Otero Gal	Lup
	Location		
	Unit Letter P :	660 Feet From The South Line	e and
	Line of Section 32 Tox	waship 25N Range	5W
	DESIGNATION OF TRANSPORT	TED OF OU AND NATURAL CA	s
111.	Name of Authorized Trimspirter of Ott	or Condensate	And:ess /
	l L Permian Corporatio	on	P. 0
	Permian Corporation Name of Althorped Transporter of Car	singnad Gas or Dry Gas	Address (
	Texacolitic.	122	4601
	If well produces all or liquids, give location of tanks.	Unit Sec. Twp. Fige.  B 32 25N 5W	ls que dat
	<u> </u>	th that from any other lease or pool,	<del></del>
	COMPLETION DATA		
	Designate Type of Completic	on - (X)	New Well
	Date Spudded	Date Compl. Ready to Prod.	Fotal Dep
	Date apaded		
	Elevations (DF, RKB, R1, GR, etc.)	Name of Producing Formation	Tep 011/G
			<u> </u>
	Perforations		
		TUBING, CASING, AND	CEMENT
	HOLE SIZE	CASING & TUBING SIZE	
V.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be a) able for this de	
	Date First New Cil Run To Tanks	Date of Test	Producing
		<u> </u>	ļ
	Leagth of Test	Tubing Pressure	Casing Pr
	Length of Test  Actual Prod. During Test	Tubing Pressure	Casing Pr
	Actual Prod. During Test		
	GAS WELL  Actual Prod. Test-MCF/D	CII+Bbis.  Length of Test	Water - Bb.
	Actual Prod. During Test  GAS WELL	CII+Bbis.	Water - Bb
	Actual Prod. During Test  GAS WELL  Arcting Prod. 1 est-MOF/D  Tasting Method (pic.s, back pr.)	Length of Test  Tub.ng Freesure (Shut-in)	Water - Bb.
VI.	GAS WELL  Actual Prod. Test-MCF/D	Length of Test  Tub.ng Freesure (Shut-in)	Water - Bb.
VI.	Actual Prod. Euring Teet  GAS WELL  Account Prod. Teet-MOT/D  Tasting Method (pic/s, back pro)  CERTIFICATE OF COMPLIAN	CE  Cit-Bbis.  Length of Test  Tub.ng Freesure (Shut-in)	Water - Bb.
VI.	GAS WELL  Arount Prod. Test-MCF/D  Tashing Method (purit, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	CE  regulations of the Oil Conservation with and that the information given	Bbis. Con
VI.	GAS WELL  Arount Prod. Test-MCF/D  Tashing Method (purit, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	CE  Constructions of the Oil Conservation	Bbis. Con
VI.	GAS WELL  Arount Prod. Test-MCF/D  Tashing Method (purit, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	CE  regulations of the Oil Conservation with and that the information given	Bbis. Con
VI.	GAS WELL  Arount Prod. Test-MCF/D  Tashing Method (purit, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	CE  regulations of the Oil Conservation with and that the information given	Bbis. Con Casing Pr APPRO

SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION  REQUEST FOR ALLOWABLE  AND  Form C-104  Supersedes Old C-10s and C-  Effective 1-1-65			
U.S.G.S.  LAND OFFICE  I RANSPORTER  GAS  CPERATOR  PRORATION OFFICE	AUTHORIZATION TO TRA	NISPORT CIL. AND NATURAL	_ GAS	
Operator	, Operator for Texac	co Producing Inc.	(TPI)	
	vd, Denver, CO 8023			
Reason for filling (Check proper box)  New We  Recomplie in n  Change in Ownership	Change in Transporter of:  Oil Dry Gas  Casinghead Gas \( \sum_{\text{\text{Casinghead}}} \) Conden	Company to T	erator from Getty Oil exaco Inc. (Operator	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL AND I	LEASE  Hell No.   Fool Name, Including Fig.	armation   Kind of Le	edse Ledse No.	
Jicarilla B Location	10 Otero Gall	i	deral or Fee Ind. Contr. 68	
Unit Letter P	60 Feet From The South Line	e and <u>660</u> Feet Fro	om The <u>East</u>	
Line of Section 32 Tow	mahip 25N Range	5W , nmfm,	Rio Arriba county	
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off	CER OF OIL AND NATURAL GA	S Andress i Give address to which ap	proved copy of this form is to be sent)	
Permian Corporation    Corporation   Corporation   Corporation		P. O. Box 1528, Denver, CO 80201  Address (bite address to which approved copy of this form is to be sent)  4601 DTC Blvd., Denver, CO 80237		
If well produces of or liquida, give fondtion of tunks.	Unit Sec. Twp. Ege. B 32 25N 5W	is que derivally connected? Yes	When	
If this production is commingled wit COMPLETION DATA  Designate Type of Completio	h that from any other lease or pool, $\begin{array}{c ccccccccccccccccccccccccccccccccccc$	New Well Wirkover Deepen	Plug Back   Jame Hesty.   Dilf. Resty	
Cate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, R1, GR, etc.)	Name of Producing Formation	Tep Oil/Gas Pay	Tubing Depth	
Perforstions			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST BATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours;	oil and must be equal to or exceed top allow	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	z lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	OH · Bbis.	Water-Bble.	Gas-MCF	
OAC BEST		Section 1	.1	
Areum Prod. T HOT/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Tasting Method (pull), back pr.)	Tubing Freesure (Shut-im)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIANCE	UE	OIL CONSER	RVATION COMMISSION	
I he eby certify that the rules and t	regulations of the Oil Conservation	APPROVED	· JAN 8/1) 1385.•	
Commission have been complied wabove is true and complete to the	vith and that the information given	BY	SUPERVISOR DISTRICT #3	
faut	,	This form is to be filed	in compliance with RULE 1104. Illowable for a newly drilled or deepend mpanied by a tabulation of the deviation	

District Manager/Farmington 1/28/85 (Duce)

tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for siles able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of conditions. Separate Forms C-104 must be filed for each pool in multip-completed wells.